DOCUMENT RESUME

ED 365 904 CG 025 168

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TITLE Death of a Special Person: The Grieving Process. Symposium (University of Central Texas, Killean, Texas, November 13, 1991).
PUB DATE 13 Nov 91
NOTE 30p.; Poor print quality may affect legibility.
PUB TYPE Collected Works - Conference Proceedings (021)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Death; Emotional Response; *Grief; *Human Services; Psychological Patterns; Psychological Services; Social Support Groups

ABSTRACT

This document is the transcript of a symposium that presented information to persons employed or anticipating employment in the human services field in order to assist them in providing support for survivors attempting to cope with the death of a special person. The symposium included the following topics: models of responses to bereavement (those of Elizabeth Kubler-Ross and John Schneider), suggestions for friends and employers, suggestions for survivors, and the helping professional's role. (DB)

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ED 365 904

Symposium:

Death of a Special Person:

The Grieving Process

Presented by:
Diana Dean, R.N., B.A.
Lucille M. Kemper-Ward, B.S.W., M.S.
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Regina Cleave, B.S.
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at The University of Central Texas
9:00 p.m. November 13, 1991

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Identifying Information:

Presented to: The graduate students enrolled in the Human Growth and Development class at the University of Central Texas in Killeen, Texas on November 13, 1991 at 9:00 p.m.

Presented by: Diana Dean, R.N., B.A.
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Introduction and Purpose

This document is the result of a symposium sponsored by graduate students of the University of Central Texas completing the course, Human Growth and Development.

The purpose of the symposium was to present information to persons, employed or anticipating employment, in human services fields in order to assist them in providing support for survivors attempting to come to terms with the death of a special person in their lives. The symposium was held at the University of Central Texas on November 13, 1991. Guest panel members included: Inge McVey, co-founder of Compassionate Friends in Killeen, Texas, and Steve Jones, a member of the United States Military, with the cooperation and participation of the graduate students in the Human Growth and Development class, and Dr. Terry Dixon, V.P.A.A..

This document was submitted to ERIC to provide informal, descriptive insight concerning an issue confronting all persons associated with human services.

Transcript of Event

Diana: Okay, we're going to start our presentation, our symposium tonight, and our symposium topic is the death of a special person. Many of us have dealt with death of special people in our lives. Those of you who have understand that the grieving journey is never easy for those who are left behind. The grieving journey is what our discussion will be tonight. To understand, participate, help, and share the grief journey of the people who are left behind. Studies seeking to understand grieving have been conducted for years. The strongest conclusion reached is that each person grieves differently yet not so differently because sufferers of similar losses can understand and share the grief journey. How you-we grieve depends on a number of things. The way you learn to cope with stress in your life before the tragedy; the quality of the relationship you had with the person; your religious beliefs and ethnic customs; and the emotional support you have from your family and friends while grieving. The other one is the circumstances under which your loved one died. It is only human nature to want to reach out and help those who are in the-in pain. The majority of the people in this class have gravitated to a helping profession because of the need to help people that are in pain. When we know someone who is grieving, we go to them with words and actions that we hope will both soothe and comfort them or sometimes we avoid them all together. Unfortunately, many of us don't realize that our words and our actions sometimes cause pain to the newly bereaved. Statements like "time will heal," "get a grip of yourself," "life goes on," or my favorite, the one that I heard frequently was "well, at least you have more kids." Uh- those are -uh-uh- you know, those are things that you don't realize that they hurt--they hurt the newly bereaved person. And statements that -uh- hurt usually stay with you longer. How to approach the bereaved person is something that people have-have agonized over for a long time. Uh- Questions like -uh- I've heard people say, "Well, what can I say to them?" and often the bereaved person will say, "How could he say that to me? Gosh, I just don't understand." And those are comments that-that create pain and like I said comments that create pain stay-stay with us for a lot longer. There is an uncomfortable and helpless feeling no matter which side of the fence you're on. Either you're the one that's trying to comfort or you're the one that needs the comforting. It's an uncomfortable time. After this symposium, you will understand and you won't agonize when approaching a bereaved person. You will be better prepared to understand, participate, and share the grief journey of someone. I would like to introduce our symposium group, and we're all going to participate so each one of us will do a little bit of a presentation. It's up on the -uh- (overhead projector) and we call it the agenda. Regina, is right here and she is gonna, she will introduce different models of res-responses to bereavement. Herece. Herece will introduce suggestions for the friends and employers of the bereaved. Lynn. Lynn will provide us with suggestions for the survivor. Lucille will introduce the helping professionals role. Karen, right here, she assembled the guest panel. (we have two guest panels tonight) and numerous other administrative objectives. Donna. Where is Donna? Donna-uh- (laughter) Donna will achieve our transcribing objective. After our agenda has been concluded, our guest panel will be open to questions

from the class. Uh- Also, our symposium group has elected to ask-ask the class to please hold the questions until the conclusion of the agenda. Now I would like to introduce our guest panel. Inge McVey is right here. She is the chapter leader of the Compassionate Friends in this area. Her daughter, Christy, was six-years-old. She was hit and killed in November of 1985. The anniversary date of the death is a very difficult time. I'd like to give special thanks to Inge for being here because this is the anniversary month, and the anniversary month, like I said, is a very difficult time. Uh- Thank you, Inge. Uh- Steve Jones. His father was killed violently in 1983. He was the participant in a fight and was shot. And -uh- that is basically it. I'd like to read a poem, or it's really an article that I got from the Compassionate Friends. And we all, the group, elected to have me read this. It's called, "Do It Your Way." "I think it's only fair to tell you, there is no bereaved person-of-the-month award. No award for a stiff upper lip. In fact, rather than being rewarded for trying to be the most stoic, brave, and strong, the one who seems to be doing too well will suffer the consequences. Losing someone very important to you without feeling the pain of deep grief is impossible. Many well-meaning people will encourage you to play an old game. The rules are simple. You'll pretend you're okay and it's not really so bad and we'll let you come and play with us. But if you're going to cry and talk about your dead loved one then you can't plan. However, this is the one time in your life when you don't have to meet anyone else's standards. Nothing is more unique about you than the way you express your grief, and you have the right to express it your way. Generally, you will cope with your grief much like you have handled problems in the past. So if someone tries to encourage you to play the old game by rewarding you with attention because you're doing so well, tell them you're not doing well. Tell them that your loved one died and you're hurting. Let them know that pretending everything is okay does not help. Do whatever you need to do to survive this trauma and don't worry about whether it pleases or displeases other people. Do it your way." Now -uh- Regina will come up and introduce the -uh- responses to bereavement.

Regina: I would like to discuss two models of responses to bereavement. The first model is the Kubler-Ross Model. It's the most popular and the best known. In her five stage model, Elisabeth Kubler-Ross outlines the human reactions or responses that people experience as they attempt to cope with their own imminent deaths. Her concepts have also been applied to the process of grief and bereavement following most personal losses. The stages are: denial and isolation, anger, bargaining, depression, and acceptance. Not everyone experiences all of these stages and not all of these stages are experienced in sequential order. The next model I'd like to discuss is the John Schneider Model. John Schneider developed a comprehensive eight stage model, which he calls, "the process of grieving." It integrates people's physical, cognitive, emotional, and spiritual manifestations. Stage one is the initial awareness of the loss. Shock, confusion, numbness, detachment, disbelief, and disorientation are only a few of a variety of behaviors, emotions, or feelings that the individual may experience. Stage two is characterized by attempts at limiting awareness by holding on. This stage has the effect of providing time to put the present loss into perspective, renew energies, and limit feelings of helplessness and dispair. Stage three is characterized by attempts at limiting awareness by letting go. This stage involves recognizing one's

personal limit with regard to the loss and also turning loose of unrealistic goals, unwarranted assumptions, and unneccessary illusions. Stage four is the awareness of the extent of the loss. This is the mourning stage. The individual may experience a flooding of consciousness, feelings of deprivation and extreme grief and feel defenseless in coping with the reality of the loss. Stage five is gaining perspective on the loss. This is characterized by reaching a point of accepting that what is done is done and providing the bereaved person with a time to make peace. Stage six is resolving the loss. It is a time of self-forgiveness, restitution, commitment, accepting, responsibility for actions and beliefs, finishing business, and saying final good-byes. Stage seven is reformulating the loss in a context of growth. It focuses on seeing problems as challenges, being curious again, and seeking a balance between the different aspects of the self. Stage eight is transforming the loss into new levels of attachment. Transformation makes it possible for people to approach life with greater openness and the willingness to surrender more readily the necessity of structure of life and also release energies that create new strength. These -uh- these stages could also be applied to any type of loss not just bereavement, but also divorce, loss of job, any type of personal loss which is devastating. Our next speaker is Herece.

Herece: Good evening. I'm here to discuss some suggestions for friends and employers of a bereaving parent. And although the information that I'm giving you regards a bereaving parent, it can be applied to anyone who has lost a loved one. First of all, there is nothing you can do or say that will make things right, but there are things that you can do that can help. First of all don't let your feelings of helplessness keep you from reaching out to a parent who needs you. Let them know that you are concerned and that you do care. Don't avoid them. A lot of people think that when-when a person is -uh- mourning that they should stay away, they shouldn't go and visit them, and that's not so. You should go and see them. Let them know that-that you're concerned. Because when you stay away it only adds to their pain. Be available to listen and help eliminate some of the little burdens that-that may seem overwhelming. You need to be there for them. Don't say you know how they feel unless you've lost a child yourself. If you haven't lost a child, you probably don't know how they feel. Tell them you are sorry about what happened to their child and about their pain. Acknowledge their suffering. Don't say, "You ought to be feeling better by now." Don't tell them what they should feel or what they should do. Be a good listener and allow them to express as much grief as they are feeling. Encourage them to be patient with themselves. Also accept silence and don't force conversation. Don't change the subject when they mention their dead child and don't avoid mentioning his or her name. Allow them to talk about the child as they want to, and do talk about the endearing and special qualities of the child. Grieving parents want to remember. Don't point out that at least they have their other children. Children are not interchangeable and they cannot replace each other. Do give attention to the child's brothers and sisters in the months to come. Spend time with them. Talk to them. They may be able to talk to you when they can't talk to anyone else. Don't make any comments that would suggest that the care given their child at home or at the hospital was inadequate or lacking. Parents are already plagued by feelings of guilt and doubt. Reassure them that they did everything that they could and that the

care their child received was the best or whatever you know to be true and positive. Some other suggestions: Allow the "working through" of grief. Don't quickly put away pictures or clothing or belongings. Do not criticize seemingly morbid behavior. It may be their way of coping. Uh- I had a friend recently his mother died at home in her bed. And when he want home from the funeral, he wrapped himself in the sheets that-that she had used that day and he, it helped him. He felt close to her. And to us that might seem a little strange, but it helped him. Encourage the postponement of major decisions. In time, gently draw the mourner into quiet outside activity. And when the mourner does return to social activity, treat him or her normally. Avoid pity. Don't try to state something positive about the child's death. Some suggestions for employers and co-workers: Contact other co-workers to let them know the situation. Attend the funeral or visit your do-worker to extend personal condolences. Do not be afraid of tears. Don't shy away if they start to cry. I know it's awkward and it's hard, but you need to try and be strong for them. Realize that people grieve differently. Some may plunge deeper into-to work and others may avoid it all together. Offer to share the person's work in order to lighten the load. Don't be afraid to mention the name of the child who has died and listen when your co-worker talks. Be there. Don't wait for your co-worker to ask for help. Some people won't ask for help. You need to be there for them. Remember your co-worker on important days such as holidays, the child's birthday or death anniversary Let the person know that you remember too. Realize that your co-worker's behavior may change as he or she learns to live without their child. And last...encourage other co-workers to maintain contact. Helping a bereaved parent is difficult and awkward and you may feel unqualified to help. This is a normal response. Do keep in mind that if you truly care and if you can share in your friend's grief, you are qualified to help, and you can make a difference in his or her recovery. Lynn.

Lynn: Thanks. Herece. I'm doing suggestions for survivors. Um- First of all, I just want to say and to reiterate again that we all do grieve in different ways and studies have kind of shown that men, in particular, seem to work out their grief in energetic ways or maybe they're showing anger or maybe they've become more demanding. Women are kind of more quiet and cry a lot and show a lot of emotion and talk a lot so just I wanted-just wanted to kind of reiterate there again on suggestions for survivors because you know, you know that you're going to be different than someone else in your grief. The first one is commit yourself to getting through the emotional and physical work of grieving. It's hard sometimes to remember that now isn't forever, but you have to remind yourself of that a lot when you're grieving. Be patient with yourself. Sense the invisible presence. I put that down there because -uh- a lot of people when they've lost a loved one they, you call it hallucinations or delusions, they feel their loved one's presence with them and there's a a lot of different explanations for that. Some people say it might be evil. Some people say it's just the imagination playing tricks on you. Some people say, well, that it really is; you know, the spirit is actually there, but actually it's been shown that this feeling - uh-the other loved one being there is a healthy expression. It-it's comforting as-as long as they're there to-as long as you sense that that person is there to support you. Uh- Set aside a time for letting go. You might want to set aside a time, a half-hour every

day just to kind of let it all hang out. Identify and utilize sources of support. You've got your family. If you needed a partner, this is a really good book. It's called, "The Grief Recovery Handbook." In this handbook you--it's a step by step program where you can--you can get your own partner and you work through this program of the grieving process--an excellent book. She's gonna pass them out.

Diana: Let's pass out some of the books so that you can kind of go through them.

Lynn: The rest of the library--the rest of the books came from the library and they've got an excellent source of-uh-good grief books. Allow the full expression of your feelings. Remember that tears and hugs heal. Some people don't cry though. My husband never cried and he's just lost somebody close to him. It doesn't mean that he's not sensitive to it, it's--he just doesn't cry, but he's sad. Draw or write about your feelings. Keep a notebook of thoughts. Relive those pleasant memories when you start getting down. Counter the conspiracy of silence. Call someone. Let them know you're still there, you still have other needs. Commemorate your loved one's life. This could be a little memorial service that one might have on the anniversary of the death or maybe even every month afterwards. Maybe a little collection of a photo album. I remember when my sister died, my other sister made a-uh-photo album. She died around Christmas time so she covered it in Christmas fabric. And we just got pictures of my sister, we took them from birth on up until the time of her death. And everytime we go to our parents' house we always look at this little photo album. And we all liked it so much that my sister made one for all of us, so-(laughter) we could see ourselves too. But anyway it-it was a nice gesture. I really, we really appreciated it. Take your time dealing with the personal effects. That's what Herece was talking about. One of the things I wanted to mention on that is when my -uh- father-in-law died, my mother-in-law -uh- when she cleaned out his closet, she kept in a couple of his shirts. It gave her a sensation, I guess, that he was still with her, and it was really comforting to her. You know, a lot people keep favorite toys of their children when they've died or their clothing -um- their clothing too, and it's okay. Take positive steps to reduce marital stress. It's a very stressful time in the family and -uh- again -uh- men and women grieve in different ways, so -uh- we all grieve in different ways and it's important that we realize that. Anticipate milestones birthdays, holidays, around Christmas time, special occasions, the anniversaries, plan ahead so that you know what your day's gonna be like rather it coming up on you all of a sudden. Consider the needs of the other family. Remember, soccer goes on if you've got other kids. If you've got family rituals, maybe Saturday's your hamburger day or hotdog day. Remember to keep those rituals still going. Choose to turn great personal tragedy into life-affirming action. I really admire the woman who started the M.A.D.D. group, the Mothers Against Drunk Drivers. She really turned this tragedy into -uh- awareness of what's going on as far as drunk driving is concerned. Find a productive direction for your grief. Now's your time to pursue any kind of interest that you've ever wanted to do. Take a college course. Learn a skill. You might even try a new career a few months down the line. Basically you're just gonna maintain your awareness of your general health, nurture your interests, enhance your social

environment, your physical environment. Take care of yourself, exercise, eat right. Be alert to illegitimate or inadvisable schemes. It's unwise to make any major decisions for the first year following bereavement; that includes selling of property and making investments. If you absolutely have to do this, seek the advice of a friend or relative. And last of all, I didn't write this down, but sometimes the survivors get a lot of benefit out of preparing for their own death, making the arrangements, making their will, so that they don't have to put this grief upon somebody else, and-and have them make decisions for them. And remember, the period of time you remem-remain in this mode and the degree to which it occupies you, is going to vary from member to member in your family. And if it continues to dominate your thoughts, it might be best to see a professional. And on the next page, I just kind of listed different -uh- red flags to look for, for someone who may need counseling -uh- One of the things I didn't mean to talk about, but I have a friend is--who is counseling the Luby's victims and she says one of the key things to look out for is -uh- many of the victims are experiencing generalized fear. They're afraid to go into the Walmart or go into the bank or just be anywhere out in the open. Afraid to be out in the mall. They feel more comfortable inside their house so they -uh- or inside their house or inside their car or any kind of drive through bank or drive through McDonald's and that's-that's really a sign that they need to get counseling because if that's not taken care of real quickly it can develop into more serious things like agoraphobia. I have a few of the books that listed as resources that I got all these ideas out of, and their excellent books. And on the next page just kind of a list of area--agencies in the area. Associated Counseling Services is doing counseling for Luby's victims, but they also do counseling if you really need it for grief of -uh- another adult, or someone close in your family. Compassionate Friends and Inge is with Compassionate Friends. It's for children. Greenleaf is doing -uh- just started a grief recovery group. Mothers Against Drunk Driving is in Harker Heights. And Metroplex hospital has a group that's been going on for about a year now. It's for cancer victims and -uh- it's quite successful. So now I'm gonna turn it over to the professionals role--Lucille.

Lucille: In view of the fact that most of us are in counseling majors, I think it's more than appropriate that we look at the helping professional's role. And on the overhead you'll note and also on your handout, that there are four goals of grief counseling. Please feel free to take notes and you can ask questions at the end of the discussion regarding these if you have any. We're also gonna cover some of the counseling principles which will be inserted into these different goals. Increase the reality of the loss, help the bereaved deal with both expressive and latent feelings, help the bereaved overcome various impediments to readjustment after the loss and finally, to encourage the bereaved to make a healthy emotional withdrawal from the-from the deceased and to feel comfortable while reinvesting that emotion in other relationships. I'm gonna cover with you some of the -uh- counseling principles and also after each principle, there are some concrete suggestions on how you can accomplish these areas -uh- which would be inserted into the different four goals. Thank you, Karen. You can turn it off now. The first counseling principle is to help the bereaved actualize the loss. The best way to do this is to help the bereaved talk about the loss. Many times we feel like silence is the best kind of way of

dealing with this. But it's not. Number Two. Help the bereaved to identify and express feelings. We do this by listening with acceptance and not being judgemental. Provide information about normal emotional reactions. Identify behavior that expresses latent feelings, and help the bereaved to find a balance between the negative and positive feelings that they have for the deceased. You might ask, "What do you miss about him or her?" Or "What don't you miss?" Since you have a lot of these in your handout, I will just skip some of them and you can read through them. And if you have questions, please feel free to make note of them. A third counseling principle is to assist living without the deceased. How do you do that? You want to be present physically and emotionally. Provide concrete help and practical information. What is practical information? Okay. Some practical in-information could be helping them to access services at Social Security or access difficulty with housing or attorney, insurances and so forth. Use problem solving approach if the bereaved is having difficulty making decisions is another concrete example. You want to discourage the bereaved from making major life changes and decisions at that point. Number Four. Provide information about normal grief reactions. You want to reassure the bereaved that their experience is normal. Verbal or written information is very important here. -Uh- I've noticed that at many of -uh- the churches and synagogues have little booklets on-on bereavement and grief. You might want to give them something like that. Or you might want to suggest one of the books that we passed around. It has some very good literature. Number Five. Allow for individual differences. Help the bereaved to understand that there is a wide range of responses to grieving. We're gonna--we're going to spend some more time on that when we start the discussion phase. I had a chat with Inge just before and -uh- she has some feelings about that for you. Number Six. Examine coping styles. You want to help the bereaved to identify and evaluate the effectiveness of their coping styles. Explore other coping avenues that may be more effective in lowering distress and resolving problems. Number Seven. Facilitate emotional withdrawal from the deceased. Some concrete examples here are to encourage bereaved--the bereaved to talk about past and future relationships. Encourage the bereaved to increase their social support. Encourage the bereaved to form, in time, new and meaning relationships, but on the same hand, you don't want to encourage the to -uh- to start out too soon making new relationships. You want to discourage jumping into a new--a new relationship too soon. Number Eight. An eighth counseling principle is to provide continuing support. Many times when - uh- after a death, everyone comes to the house. They bring food, all the church members, they bring flowers. You get cards, and two weeks later you hear nothing -uh- Although contracts may not be--contacts may not be frequent, it might be stretched over a period of time. -Uh- This literature is suggesting three months, six months, the first anniversary. And last, identify complicated grief and by all means, refer as counselors and friends. We want to refer delayed -uh- grief reactions, complicated grief reactions, chronic reactions, exaggerated reactions, and masked grief reactions. And now we're gonna enter into the final phase of our symposium and that is the discussion phase. We're gonna start off our discussion by posing a discussion question to Inge and Steve and after they have answered this question, we want all of you to please feel free to join in and ask questions if you'd like. And that first question is, Inge and Steve, "During the initial stages of your grief or loss,

what kind of support meant the most to you?" Inge? Do you want to start first?

Inge: Okay. I -uh- have made a lot of notes. I could sit here hours talking to you. -uh- What helped the most was people acknowledging Christy lived and died; and allowing me to talk about Christy. -uh- You mentioned one and this is another dear point to me. The silence which is always well intentioned, becomes abandoment. -uh- You already have anger inside you. You-you don't know you're-you're-you're confused. -uh- You're angry at those that you feel close to and then you feel abandoned by them. And it's later only that you have the tolerance to see that it really those who help you. But what helped the most is the arm around me and saying, "You want to talk about Christy?" Or someone coming up and remembering something about Christy and sharing that. The name is so precious. And also don't be afraid to talk about death. We have to learn to say, the very first this is, "I had a child who died." When you try to rearrange the day with the "ifs," and the "if only I hads," and "why?", and the bottom line is, "I had a child who died." And that's where we have to start from. So don't say "tragedy" and "it" and talk around death. It's death. Don't be afraid. We have to learn to say that. And we're not afraid of it. And mention the person, not just child, but since I'm expert with childs here, mention the person's name and don't be afraid of the wounds. They're gaping wide open. I'm still healing after six years. It's not unwillingness, but I'm gonna come through this. I'm gonna get over it and come through this hopefully with somewhat fuller life.

Lucille: Thank you, Inge. Steve, now we want to give you an opportunity to answer that same question. "What kind of support meant the most to you after the death of your father?"

Steve: Well, during the time when after my father was killed, I was in Germany at the time. And during that time, when the news came in to me, well, that was all over with when I received the call. But people coming and helping and being there. Being there, I mean, that's one thing that's important. And -uh- then someone you can talk to, you know, who's there; who can put their arm around me and say, "it's gonna be okay." As far as their helping me to get back over here and stuff.

Lucille: And I think that's a very important principle that we went over about that. We need to talk to people and not be silent and kind of stand-offish.

Steve: Right.

Inge: Not so much talk. I don't care what you have to say to me at the time, and this sounds harsh, but I'm putting purposely that way. But hear what I have to say. You know, I'm don't really am interested that you had a bellyache yesterday, too. I had this one lady come to the house and all I remember is her sitting there and the mouth a mile an hour. And I cannot remember a thing she said, except Jackie shut up and leave me alone. So -uh- it's again, what éyouè allow us to say about people, with the understanding, I'm not gonna cringe, you know? Put your arm around me or maybe a hand held silently, no words said. The willingness of wanting to be there, not so much what you have to say and most of all not what your grief was

like ten years ago. I don't want to hear that. I'm not interested. You're very selfish at that point. I really don't care how you reacted to any death in your family or when you lost your purse or I don't really care about that.

Lucille: Did you kind of feel that they weren't really there to help you but maybe themselves by saying all that? That they were there to--for their...

Inge: Helplessness.

Lucille: ...own needs, rather than yours, you know?

Inge: If you allow me one thing too, I would like to point out is that we never learn how to grieve we have not been taught right. There -uh- in '88 (1988), there were two universities...one university, that had a course on grieving of all the colleges in the United States. We're equipped with unhelpful "how to grieve" and then when we do grieve, we don't know what to do with it. It's useless. I give you one little example. You find your own how you been taught. A puppy dies and a boy had cried and the father says, "Don't worry about it, son. Saturday, we'll go and buy a new one." And the first lesson you learn is you replace. That works until your grandpa or somebody else dies. Well how do you replace him? And you know that you cannot, with what you have up here, deal with what's happened. And it goes on and on. So it's the inability in what we've been taught and -uh- you know, that you learn later on to be tolerant and understanding that at the time when you need people, you need to say be quiet. Yeah, where did they all come from at the funeral and where did they all go?

Lucille: Before we open the discussion up to the class, I would like to allow Inge the opportunity, because we had discussed the-the different stages of grief, and she had made a comment before we started that -uh- the stages that she did not go through them like one, two, three, and -uh- we want to allow you to talk about that, you know, in terms of the stages of grief. You said, you seem to be very familiar with them, but that's not what you experienced and I think that's some good information you need to share with us.

Inge: Like all book knowledge, it is bad in some aspects. I found that John Schneider is closest. -uh- Kubler-Ross leaves out the shock, the guilt. Guilt tremendous. Imaginary, real guilt. -uh- The stages and my working with Compassionate Friends, and by the way, my husband and I co-founded that nine months after Christy's death having attended temple and found a need in Copperas Cove. And, -uh- we have reached out to over one hundred seventy families in those six years. And -uh- so I'm the first contact so I hear a lot of this, and it's repeated. The stages are not clearly defined. You are, yeah, numb. I have three months of my life that are gone. I been elected to--on a committee, in charge. I was invited to join the committee for its meeting. I said, "what for?" My husband and I were both at the church when I was elected. No recollection. It's gone. Three months. -uh- The anger, it--it's all--they fluctuate back and forth. Your husband and you never grieve at the same stage, nor any siblings. You're all at different stages. Men, when the logic person and the emotions the women get the other way. So there's a big problem. You never grieve the same way. Things that

bother me don't bother him. I can say she got killed or died. It doesn't matter. She's dead. For him, it's killed. She didn't just up and die. -uh- The -uh- acceptance. Six years later, I'm working towards it. I still have two key things to deal with -uh- before I can accept. I will never accept that she had to die. I will accept the fact that she died. But that she had to die. I will never accept. She should have had a chance to live. And that's not denial or running away. That's just how I am. And our parents are so different. They start maybe on the way back. There's one of them where you begin to reach out. We had parents reach out two months after a child's death. Now it's hitting them, and they slowed down. No defined one, two, three, and there are back and forth. And then you deal with something at critical times and pick up something else: and then it throws you onto something and then throws you right back to square one. However, you won't stay there and go through all of that again. But the stages is a very funny thing. And never if you all become counselors, never attempt to tell a parent, this is what's gonna happen, then this is gonna happen to you, then this is gonna happen, and if you don't go through that, there's something wrong with you. Let me share one more thing. I have a parent, highly upset, -uh- being told that she should be committed because she suicidal. We don't want to live after our child dies, but we are not suicidal. The pain is so severe. The energy level is so low, so terrible low that it is an effort to get through a half-hour. -uh- Three times I've--one time with pills and all I had was five aspirins. I didn't realize I couldn't commit suicide, so I didn't have a plan I guess, but not being suicidal, just being tired and hurting and a terrible aching for your child or spouse. You can't attempt to even think ahead. It's just so--it's just so tiring, so hurting. But you are not suicidal. And that woman should never have been told over the phone, "Ma'am, you should come in and have yourself committed because you sound suicidal." That woman had had a miscarriage she never dealt with; eight years ago her son died and she never with it; three years ago her husband, and last year her daughter. Finally she has to deal with all this. She's hanging in there, real good, but it was very disturbing for me to hear that someone would say that over the telephone like that. Like I said, don't let me talk all night. (laughter)

Lucille: That's all right. Continue. We have plenty of time, believe me. Steve, I saw you shaking your head. Do you want to comment on something Inge said?

Steve: Well. Well, the lady just talks so good. But I know the stages of what she's going through because but well it was kind of different for me 'cause I was in Germany at the time that my father was killed violently, shot, you know. And it was different being in Germany and back in the states, when I went back home with the family, it was real hard. And when I went back to Germany and not around that, it kind of took something off of me. But for a solid year I dreamed about my dad, you know. And we really had the closeness and that really hurt. We didn't have a closeness when I was growing up, but after I became a man, we became friends. I just had found that and after I found it, it was gone. So that really hurt. So I kind of know what you're talking about Inge 'cause that's how I felt.

Lucille: Thank you very much. One last resource that I want to

add to Lynn's list since several of us here work for Central Counties Center for MHMR. That center was left off our list, but -uh- we do provide counseling services, and -uh- that office is located on--in the old Times Herald building. And they also have a twenty-four hour hotline number which is -uh- 526-4146. They provided grief counseling even on the weekends during the Luby's massacre. They operate on a sliding scale fee and so that's a place you can refer people -uh- for services. At this point, we want to open up....

Audience: Excuse me. Would you repeat that phone number please?

Lucille: -uh- 526-4146

Audience: Thank you.

Lucille: At this point, we want to open the discussion up to the class and please feel free to ask questions of anyone that's here.

Audience: I have a question. It's more like a comment. First of all, I want to say thank you to you all for being here and sharing with us. My comment is, my grandmother died last year. She was the first person to die close to me, and when I go to church I always see the pall bearers and the flowers and this, that, and the other, and it took me maybe three Sundays to actually stay in church because I always get a little mental picture of my grandmother being escorted out of the church and it tore me up. I'm wondering if you have the same type of problems, -uh- associations, and stuff that trigger memories that just can't be dealt with, and if so, how do you deal with that? Like church, for instance, it took me at least two months of really starting going back to church and just staying there all the time. It would tear me up, the organ's playing and I'd have to leave every time.

Inge: I had the same--my favorite hymn is "How Great Thou Art" and I always call it my funeral hymn. The organist at our church knew that and unbeknown to me decided this is what she was going to play when we came into the church. This is the first year I've been able to sing "How Great Thou Art". And when she forgot one time during offering and I took up the offering and she played "How Great Thou Art" and I froze. -uh- I bit my lip and forced myself to make it because I was in a situation where I would have really been a spectacle. But when another time it happened, I'd just let it happen. I don't care if I cry. That's why I have tear ducts. If you can't handle my grief, that's your problem not mine. See, you get real hard. Because everbody wants to put their expectations on me and you get so tired of this. Our children are both adopted, but you don't dare tell me I'm not their real mother. Christy was ten days and I'm the one who sat up with her at night. I am her mother. But would you believe, people suggested we should adopt again. Why don't you replace it? You know? No, you get just very---you just let it happen.

Audience: I have a real close friend whose husband died of a heart attack while playing Santa Claus at Christmas. And it really--like starting, I talked to her last week, and starting this week it's like turmoil city. It's been like six years, just what do you think? Is that? I guess I'm asking a question I shouldn't ask. Is it normal?

Inge: We don't know because this is our sixth year. This is the first year that the day and date are the same, November 29, 11:20. I know she's dead. She can't be killed again. I wake up with everyday. So it isn't something that will be there because I don't think about it. We've talked about that. By the way, we are a nonprofit self-help group. Because all of us are scared to death out of our wits to face that first death date, special dates. Why? We have yet to figure out. She can't get killed again. Is it because of more intensity that you have -uh- I don't know what it is, but my husband and I, we start talking in September what are we going to do Thanksgiving? When I sit there at the dinner, I'll see her across the table with a homemade Pilgrim's bonnet; and Daddy had to have a thing on that she made at school for him, a Pilgrim's hat; and I had to wear my bonnet and here we sat with a bedsheet on the table because she decided that's the prettiest tablecloth--a checkered bedsheet. I'm gonna choke on the turkey. But yet, you know, I don't know why, but it's very normal, very normal. One saying we have is, it's alright not to be alright. Why it's there we don't know--the pain it's there. It's not a figment of the imagination. Two days after the Killeen shooting, the anger, the flashbacks, would you believe I for the first time drove in the lane she was killed. I told this unknown thing that scared me, "I'm gonna lick you, I'm gonna lick you," and then I just held on real tight. And I'm gonna wait awhile before I go back on that lane again, but I did it once.

Audience: I found for her, her husband use to tell dirty jokes and we use to get big kicks all of us together. And so one Christmas, I knew she was down, I just wrote a dirty joke on a card and sent it to her. It's like you were saying earlier, they want to hear and talk about them.

Inge: You bet. More than you ever imagine. That acknowledges her husband, that acknowledges her pain of her loss.

Audience: I can remember working with guys who have the HIV virus and numerous times I' ve heard guys saying that they woke up in the middle of the night sweating, was having a fever, called Mom and she downplayed the fever, you know, like it's not AIDS-related or HIV-related, and I wanted to talk about it. She acted like that's just a common cold that's going around. But to this guy that was very real and he was wanting to talk about it. And I also heard Inge say that it felt good to have people hug her or embrace her. And these guys didn't experience that because of the typical response that people have that they're going to become infected due to tears or -uh- whatever. And -uh- the other thing which someone made a suggestion was planning ahead, making plans for funerals and stuff. And when I first started working with those clients, there wasn't a lot of research out as how to deal with HIV or AIDS clients, but as time has progressed you have some saying, "Don't address death," and others saying, "do." And basically I think from experience it's just whatever the particular client wants to do at that time. Deal with that then.

Diana: Thank you, Lucille. We're out of time and that concludes our symposium. Thank you for your participation and attention.

CONCLUSIONS

For the readers' information, statements in this transcript about the "Luby's shooting," "Luby's massacre," etc. refer to the recent shooting spree of a lone gunman in the Luby's cafeteria in Killeen, Texas on October 16, 1991. Counseling agencies and hospitals throughout the area provided services for victims and their families.

APPENDIX

The agenda for this symposium and an outline of the program is attached, as is a reading list for those persons interested in grief therapy and grief counseling; or for those persons who are finding it difficult to deal with the loss of a loved one.

SUGGESTED READING LIST

The Grief Recovery Handbook. John W. James and Frank Cherry

No Time for Good-byes. Jamie Harris Lord

The Widower. Jane Burgess Kohn and Willard K. Kohn

Death and the Family. Lily Pincus

I Know Just How You Feel.... Erin Linn

Sibling Grief (pamphlet). Marcia G. Scherago

Healing Grief (pamphlet). Amy Hillyard Jensen

The Anatomy of Bereavement. Beverly Raphael

Beyond Grief. Carol Staudacher

Recovering from the Loss of a Child. Katherine Fair Donnelly

The Courage to Grieve. Judy Tatelbaum

The Bereaved Parent. Harriet Sarnoff Schiff

Don't Take My Grief Away. Doug Manning

DEATH OF A SPECIAL PERSON

AGENDA

A. Introduction .....Diana

B. Models of Responses to Bereavement .....Regina

C. Suggestions for Friends and Employers .....Herece

D. Suggestions for Survivors .....Lynn

E. The Helping Professionals Role .....Lucille

F. Guest Panel .....Karen

* Transcriber .....Donna

Death of a Special Person

Models of Responses to Bereavement

The Elisabeth Kubler-Ross Model

Stage 1 is denial and isolation.

Stage 2 is anger.

Stage 3 is bargaining.

Stage 4 is depression.

Stage 5 is acceptance.

The John Schneider Model -"The Process of Grieving"

Stage 1 is the initial awareness of loss.

Stage 2 is characterized by attempts at limiting awareness by holding on.

Stage 3 is characterized by attempts at limiting awareness by letting go.

Stage 4 is awareness of the extent of the loss.

Stage 5 is gaining perspective on the loss.

Stage 6 is resolving the loss.

Stage 7 is reformulating the loss in a context of growth.

Stage 8 is transforming the loss into new levels of attachment.

SUGGESTIONS FOR FRIENDS AND EMPLOYERS

Don't let your feelings of helplessness keep you from reaching out to a parent who needs you.

Let them know that you are concerned and that you do care.

Don't avoid them. This only adds to their pain.

Be available to listen and help out. Offer to run errands, help with children, make phone calls, prepare meals, clean house. You can help eliminate extra burdens. Be there for them.

Don't say you know how they feel unless you've lost a child yourself. If you haven't lost a child, you probably don't know how they feel.

Tell them you are sorry about what happened to their child and about their pain. Acknowledge their suffering.

Don't say "you ought to be feeling better by now." Don't tell them what they should feel or do.

Be a good listener and allow them to express as much grief as they are feeling. Encourage them to be patient with themselves. Also accept silence and don't force conversation.

Don't change the subject when they mention their dead child and don't avoid mentioning his or her name.

Allow them to talk about the child as they want to, and do talk about the endearing and special qualities of the child. Grieving parents want to remember.

Don't point out that at least they have their other children (children are not interchangeable and they can not replace each other).

Do give attention to the child's brothers and sisters in the months to come. Spend time with them. They may be able to open up to you.

Don't make any comments that would suggest that the care given their child at home or at the hospital was inadequate or lacking. Parents are already plagued by feelings of guilt and doubt.

Reassure them that they did everything that they could and that the care their child received was the best or whatever else you know to be true and positive.

Allow the "working through" of grief. Do not quickly put away clothing or belongings or hide pictures.

Do not criticize seemingly morbid behavior. It may be their way of coping.

Encourage the postponement of major decisions.

In time, gently draw the mourner into quiet outside activity.

When the mourner returns to social activity, treat him or her normally. Avoid pity.

Don't try to state something positive about the child's death.

Contact other co-workers to let them know the situation.

Attend the funeral or visit your co-worker to extend personal condolences.

Do not be afraid of tears.

Realize that people grieve differently. Some may plunge deeper into work and others may avoid it.

Offer to share the person's workload to help lighten the load.

Don't be afraid to mention the name of the child who has died and listen when your you co-worker talks.

Be there. Don't wait for your co-worker to ask for help.

Remember your co-worker on important days such as holidays, the child's birthday or death anniversary. Let the person know that you remember too.

Realize that your co-workers behavior may change as he or she learns to live without their child.

Encourage other co-workers to maintain contact.

Suggestions for the Survivors

Commit yourself to getting through the emotional and physical work of grieving

Be patient with yourself

Sense the invisible presence

Set aside a time for "letting go"

Identify and utilize sources of support (family, partner, groups)

Allow full expression of your feelings; tears and hugs heal

Draw or write about your feelings; keep a notebook of thoughts

Relive pleasant memories

Counter the conspiracy of silence

Commemorate your loved one's life (memorial service, photo album)

Take your time dealing with personal effects

Take positive steps to reduce marital stress

Anticipate milestones (birthdays, holidays, special occasions)

Consider the needs of the remaining family (activities, rituals)

Chose to turn great personal tragedy into life-affirming action

Find a productive direction for your grief (pursue your phantom interests, learn a new skill, take a college course, develop a career)

Maintain awareness of your general health
- a. nurture natural interests and expanding experiences
- b. enhance your social environment
- c. enhance your physical environment

Be alert to inadvisable or illegitimate schemes

It is unwise to make any major decision for the first year following bereavement; this includes selling of property and making investments. If you must move because of changed financial status, or other serious or unavoidable circumstances, seek the advice of objective and knowledgeable relatives and friends who will be able to help you make the smoothest transition possible.

The period of time you remain in this mode, and the degree to which it occupies you, may vary from those of other family members. If it continues to dominate your thoughts for an extended period of time, or affects your capacity to function- see a professional.

A survivor who is likely to have a poor outcome may:

be plagued by guilt or anger

lack all powers of concentration

be accident prone

engage in excessive eating or drinking

have excessive weight loss or gain

suffer from insomnia

have violent or agonizing nightmares which involve the deceased

engage in compulsive caregiving

be irrationally overprotective with family members

resent other people's happiness or well-being to such a degree that he or she behaves spitefully

enter into an abusive relationship with another person

reject other close and healthy relationships

spend disproportionate to his to her income

enter into poor business transactions

perceive himself or herself as a burden to others

express morbid brooding and continue striving for reunion (fantasize about suicide)

talk about the dead person in the present tense

overvalue objects and ideas that belonged to the deceased

Donnelly, Katherine Fair (1982). Recovering from the loss of a child. New York: Macmillan Publishing Company.

Lord, Janice Harris (1987). No time for goodbyes. Ventura: Pathfinder Publishing.

Staudacher, Carol (1987). Beyond grief. Oakland: New Harbinger Publications, Inc.

Tatelbaum, Judy (1980). The courage to grieve. New York: Lippincott and Crowell, Publishers.

Organizations that help bereaved families

Associated Counseling Services
455 E. Central Texas Expwy
Harker Heights
Telephone: 699-3101

Compassionate Friends, Inc.
Mid-Tex Chapter
1302 S. 21st St.
Copperas Cove, TX.
Telephone: 547-4731

Greenleaf Center, Inc.
2407 Clear Creek Road
Killeen, TX.
Telephone: 554-5800

MADD Mothers Against Drunk Driving
455 Central TX Expwy
Harker Heights, Tx.
Telephone: 690-MADD

Metroplex Hospital
2201 Clear Creek Road
Killeen, TX.
Telephone: 526-7523

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Counseling Principles

I. Help the Bereaved Actualize the Loss

--the best way is to help the bereaved talk about the loss

II. Help the Bereaved to Identify and Express Feelings

--listen with acceptance and without judgment

--provide information about normal emotional reactions

--identify behavior that expresses latent feelings

--help the bereaved to find a balance between the negative and positive feelings that they have for the deceased. You might ask: "what do you miss about her/him?" "What don't you miss?"

--there are occasions where sadness and crying need to be encouraged

--many bereaved have difficulty with one or more of the following feelings: anger, guilt, anxiety, helplessness

III. ~~Assist Living Without the Deceased~~

--be present physically and emotionally

--provide concrete help and practical information

--use problem-solving approaches if the bereaved is having difficulty making decisions

--discourage the bereaved from making major life-changing decisions

IV. Provide Information About Normal Grief Reactions

--verbal or written information is important

--reassure the bereaved that their experience is normal

V. Allow for Individual Differences

--help the bereaved to understand that there is a wide range of responses to grieving

VI. Examine Coping Styles

--help bereaved to identify and evaluate the effectiveness of their coping styles

--explore other coping avenues that may be more effective in lowering distress and resolving problems

VII. Facilitate Emotional Withdrawal From the Deceased

--encourage bereaved to talk about past and future relationships

--encourage bereaved to increase social support

--encourage bereaved to form, in time, new meaningful relationships

--discourage bereaved from jumping into a new relationship too soon

VIII. Provide Continuing Support

--although contacts may not be frequent, they might stretch over time (e.g., three months, six months, and first anniversary contact)

--alert bereaved to the fact that mourning is a long-term process

IX. Identify Complicated Grief and Refer

--delayed grief reactions

--complicated grief reactions, chronic reactions

--exaggerated grief reactions

--masked grief reactions

adapted from J.W. Worden, Grief Counseling and Grief Therapy